MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE W FORM PTO-875)

107533406 APPLICANT(S)

FILING DATE

CLAIMS

į	AS FILED		AFTER 1"AMENDMENT		AFTER 2 AMENDMENT			AS FILED		AFTER I AMENDMENT		AFTEI 2 MENDM	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	<u>L</u>	IND.	DEP.	IND.	DEP.	IND.	D
1							51						-
3						<u> </u>	52						
4							53			-			
5				7		 	54 55			<u> </u>			
6							56						L
7							57						<u> </u>
8							58						
9							59						┝
0							60						—
1							61						
2							62						
3							63						
4 5							64						
6							65						
7							66 67						
8							68						
9							69						
0							70						
1							71						
2							72						
3							73						
4							74						
5							75						
6 7							76						
8							77						
9							78 79						
0							80						
1							81					-	
2							82						
3							83						
4							84						
5							85						
6 7							86						
8							87 88						
9							89						
0							90	 +			 }-		
1							91						
2							92						
3							93						
4							94						
5							95						
6							96						
7 8							97 98						
9							99						
ó							100						
L IND.		1	1	4		1	TOTAL IND.		4		1		1
DEP		4	\mathcal{T}	4		4	TOTAL DEP.		4		4		4
TAL IMS			3				TOTAL CLAIMS	1					